



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ADMINISTRATIVE SERVICES
ANDREW JACKSON BUILDING
500 DEADERICK STREET, 15TH FLOOR
NASHVILLE, TENNESSEE 37243

MEMORANDUM

To: DMRS Community Providers
From: Lucia Beiler, Director of Special Services ^{LB}
Re: Electronic Remittance Advice
Date: April 3, 2009

Over the years, many of you have asked if payment information could be sent electronically. Occasionally, issues with the postal service, addresses or internal routing have caused delays or loss of payment information. To address these issues and explore a more cost effective solution to the expense of mailing, DMRS is in the process of testing electronic PRA's (Provider Remittance Advices). Agencies would receive a PDF file (the official document viewable with adobe), as well as, an Excel unofficial version via secure email. This provides each agency the ability to maintain an official record electronically while manipulating an excel file.

We need each agency to designate an official agency email address to receive the PRA via secure email. If you don't currently have a suitable email address we encourage you to immediately obtain one for this purpose. **If you have not yet done so please send an email to DMRS_Monthly.PRA@tn.gov, from your chosen email address with the region, agency name, agency number, contact name, email and phone number by May 1, 2009.** We will send a test reply to verify the email address using the [secure email] format which will give you the opportunity to walk through the steps of opening a secure email. Information is available on the DMRS website under **Resources** at http://www.state.tn.us/dmrs/provider_agencies/index.html.

The PRA's will automatically be sent to the specific email address. The report will only be sent to this one email address designated by the provider. We request the e-mail address be generic and available to multiple users, not an individual's email address. This provides a stable email address where the PRA can be accessed by more than one user and makes it available to a series of individuals without relying on one particular person's availability. This also eases the burden of maintaining email address changes and assures the uninterrupted delivery in an unforeseen staff change or absence.

The hope is to phase this in over the next few months testing the process and email accounts with full implementation by June 10, 2009. If you have questions concerning the PRA project contact us at DMRS_Monthly.PRA@tn.gov. The person below handles the late bills and corrections for your region.

~~Minah, Abby A. Eskander, (615) 532-6637, email: Abby.A.Eskander@tn.gov~~

STANDARD

MONTH / YEAR

INDIVIDUAL NAME (Last, First, MI)

MEDICAID #

Act. Units

**Act. Units

Act. Units**

Act. Units

Act. Units**

Act. Units

Act. Units

Act. Units**

Act. Units

(X) "On Hold" items *must* be resolved by your Regional Office

SERVICE PROVIDER SIGNATURE

PRINTED NAME

DATE _____

* DO NOT USE THIS FORM TO BILL FOR THE PILOT PROJECT.

* DO NOT USE THIS FORM TO BILL "Z" CONTRACTS / GRANTS.

**** Report actual units ONLY, however, do not exceed the Monthly Maximum / Period Cap Units on your cost plan.**

Note: "Service Code" and "Cost Center #" are synonymous terms

This Column for Fiscal Services Use ONLY	This Column for Fiscal Services Use ONLY	This Column for Fiscal Services Use ONLY
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Use ONLY

Use ONLY

Use ONLY

Reason for	Denial / Hold	On Hold (X)
Units to be Paid		

Units to be Paid

Denial / Holc

On Hold (X)

REASON FOR DENIAL:

- A) NO COST PLAN
- B) COST PLAN EXPIRED
- C) EXCEEDS MONTHLY MAXIMUM / PERIOD CAP ALLOWED ACTUAL UNITS
- D) LACK OF NEEDED INFORMATION (circled)
- E) NEED TO REVERSE PREVIOUS ACTUAL UNITS, THEN CORRECT WITH REVISED EXPECTED ACTUAL UNITS

CORRECT WITH REVISED EXPECTED ACTUAL UNITS

- F) NO CLIENT FILE
G) DUPLICATE BILLING
H) CALENDAR REQUIRED
I) ANCILLARY FORM REQUIRED (from Regional Office)
J) ALREADY PAID ON _____
K) Other: _____
L) Other: _____

BILLING CALENDAR FOR SERVICES

Service Provider Name: _____ Month/Year: _____

Service Provider (Agency) Number: _____ Site Number: _____

Individual Name (Last, First, MI): _____ SSN: _____

Service Code: _____ Service Name: _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total Units

Please use only one calendar for each individual name and each service code.

Service Provider Signature By: _____ Date: _____